

City of Eureka - Recreation Division  
**2013 F.U.N. Play Center**  
**AGREEMENT, WAIVER & RELEASE-YOUTH**

**Listing Of Activities**

Applies to, but not limited to F.U.N. Play Center sponsored by the Eureka Recreation Division held at a City of Eureka facility including, but not limited to, Adorni Center.

**Participant Information**

PARTICIPANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**In Case of Emergency**

1. NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

2. NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**Medical History**

Known Allergies (Bee Sting, Medications, Specific Foods) \_\_\_\_\_

Medical Conditions: Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Other \_\_\_\_\_

Physical Mobility Challenges or Disabilities \_\_\_\_\_

**Emergency Medical Release: Permission is granted for emergency medical treatment if necessary.....**

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**PHOTOGRAPHY**

I hereby consent to and authorize The City of Eureka permission to use all photographs of my image/voice to be used in any press release, publications, presentations, and/or advertisements, including but not limited to newsletters, brochures, public service announcements, posters, flyers, activity guides, websites or other forms of electronic or print literature related to the work of The City of Eureka Recreation Division.

PARENT/GUARDIAN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SIGN ACKNOWLEDGING YOU HAVE READ AND UNDERSTAND BELOW:**

**Please Read Carefully (THE CITY DOES NOT CARRY MEDICAL INSURANCE FOR ANY PROGRAM/CLASS/ACTIVITY).**

In consideration for permitting my child to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may accrue as a result of my child's participation in said activity. This release is intended to discharge in advance the above City (its officers, employees, volunteers and agents) from and against any and all liability arising out of or connected in any way with my child's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said City (its officers, employees, volunteers and agents).

I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to let my child participate in said activity and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above City (its officers, employees, volunteers, and agents) who through negligence, carelessness or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I further agree to indemnify and to hold the above City (its officer, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that my child may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE ABOVE CITY AND MYSELF AND I SIGN IT OF MY OWN FREE WILL.

**WE RESERVE THE RIGHT TO DISMISS ANY CHILD WHO DOES NOT COOPERATE WITH THE PROGRAM INSTRUCTORS AND/OR RULES**  
I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE ABOVE CITY AND MYSELF AND I SIGN IT OF MY OWN FREE WILL.

**WE RESERVE THE RIGHT TO DISMISS ANY PARTICIPANT WHO DOES NOT COOPERATE WITH THE PROGRAM INSTRUCTORS AND/OR RULE**

